

**N J DEPARTMENT OF BANKING AND INSURANCE  
OFFICE OF ADMINISTRATION AND FINANCE  
LICENSING SERVICES BUREAU  
P.O. BOX 473  
TRENTON, NJ 08625**

**LICENSE APPLICATION INSTRUCTIONS**

**All applications submitted to this office must be complete and include **all fees, documents/ attachments**. A preliminary review for correct fees will occur upon submission. **No further review** will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.**

**GENERAL INSTRUCTIONS**

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.



## **Special Instructions for the HOME REPAIR CONTRACTOR**

In addition to following the general instructions, you must also submit:

### **PROPERTY DOCUMENTATION**

Attach a copy of deed, lease or rental agreement for location to be licensed as listed on the application. You must also submit two (2) photographs of the office location- one exterior and one interior. One (1) photograph must clearly show the required business sign.

### **RESIDENCE**

If you conduct business from a residence, you must attach copies of letters you have sent to your local post office and telephone company advising them of the use of your residence for your business. You must also submit a copy of the deed, lease or rental agreement for the residence.

### **INSURANCE**

Submit copy of Certificate of Insurance showing that you have public liability and worker's compensation insurance. The certificate should show the New Jersey Department of Banking and Insurance at the address on the top of the application as a party of interest. The certificate should also show your agent's name, address and telephone number.

NOTE: If you employ salespersons to execute home repair contracts with homeowners on behalf of your company, you must license each individual so employed. Officers of the corporation are not required to be licensed as a home repair salesperson.

**DEPARTMENT USE ONLY:**

Ref No.

Rel No.

C/R No.

Date Proc.

**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING and INSURANCE**

OFFICE OF ADMINISTRATION AND FINANCE

LICENSING SERVICES BUREAU

PO Box 473

Trenton, NJ 08625

**LICENSE APPLICATION****INDICATE TYPE OF LICENSE:**

Motor Vehicle Installment Seller \_\_\_\_ Home Repair Contractor \_\_\_\_ Home Finance Agency \_\_\_\_  
Pawnbroker \_\_\_\_ Money Transmitter \_\_\_\_ Foreign Money Transmitter \_\_\_\_ Insurance Premium  
Finance Co \_\_\_\_ Non-Profit Debt Adjuster \_\_\_\_ Check Cashier \_\_\_\_

YOU MUST INDICATE HERE WHETHER THE BUSINESS OR INDIVIDUAL EVER HAD A LICENSE  
ISSUED BY THIS DEPARTMENT \_\_\_\_ YES \_\_\_\_ NO

THIS APPLICATION IS FILED BY A: \_\_\_\_ Corporation \_\_\_\_ Sole Proprietor \_\_\_\_ Partnership  
\_\_\_\_ Limited Partnership \_\_\_\_ Limited Liability Company

**TYPE OR PRINT CLEARLY**

1. Name of applicant: \_\_\_\_\_

D/B/A or Trade Name (if applicable) \_\_\_\_\_

2. N.J. Principal Business Address: (include County) \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel. No. \_\_\_\_\_

E-mail address \_\_\_\_\_

☐

**Check this box if you do not have an e-mail address**

3. Federal Tax Identification No. \_\_\_\_\_

4. The general books are maintained at: \_\_\_\_\_

Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Person to Contact

5. Officer/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholders information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER- SHIP	BUSINESS ADDRESS

8. Name, residence and business address of the registered agent in this State \_\_\_\_\_

9. Date of incorporation/formation: \_\_\_\_\_

10. Place of incorporation/formation: \_\_\_\_\_ in the County of \_\_\_\_\_ State of \_\_\_\_\_

11. Date of authorization to do business in New Jersey \_\_\_\_\_ (applicable to foreign corporations).  
Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, directors, partners, owners or substantial stockholders over 18 years of age and citizens of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If the answer is no, attach schedule giving details.

13. Is the applicant or any of the officers, directors, partners, owners, substantial stockholders now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Has the applicant or any of the officers, directors, partners, owners, substantial stockholders been indicted, arrested (other than for motor vehicle violations) or convicted of any offense, crime or misdemeanor in this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Has the applicant or any officer, director, partner, owner, substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Has the applicant or any officer, director, partner, owner, substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_.
17. Has the applicant or any officer, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give particulars on a separate schedule including date of bankruptcy or reorganization proceedings, copy of petition in bankruptcy and copy of discharge, if applicable.
18. Has the applicant or any officer, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes \_\_\_\_\_No \_\_\_\_\_. Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant's or licensee's financial health and would be required to be referenced in that entity's annual audited financial statements, reports to shareholders or similar documents.

**Any question that is answered "Yes" requires a detailed explanation. Failure to provide adequate information will cause the application to be returned to you.**

**SOLE PROPRIETOR ONLY**

19. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_\_ No \_\_\_\_\_

**MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.**

**CERTIFICATION**

**I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.**

Signed, sealed and delivered in  
the presence

\_\_\_\_\_  
(Print Name of Applicant)

**(CORPORATE SEAL)**  
(if applicable)

\_\_\_\_\_  
(Signature of Corporate President, Partner or Sole Proprietor)

Attest: \_\_\_\_\_  
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

\_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Official Title)

# PERSONAL CERTIFICATION

(This blank form may be reproduced)

Individual completing form check below:

Officer/Partner/Member/Owner \_\_\_\_\_  
Director \_\_\_\_\_  
Stockholder \_\_\_\_\_  
Individual Licensee \_\_\_\_\_  
Employee \_\_\_\_\_

1. Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTE: Disclosure of Social Security Numbers is mandatory for child support enforcement purpose. The authority to compel disclosure of Social Security Numbers is established by P.L. 1996, c.7 and N.J.A.C. 3:1-20.**

6. Employment History for Five Year Period Preceding the Date of This Application

Date		(Include present employment as well as preceding five years)	
From	To	Name, Location & Type of Business	Position & Nature of Duties

Attach additional sheet if more space is needed to complete employment history

7. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, in what country do you hold citizenship? \_\_\_\_\_. If you presently reside in the United States without citizenship, provide a copy of your alien registration status document.
8. Have you ever been arrested, indicted, convicted or pleaded “nolo contendere” to any offense, crime, or misdemeanor (other than a motor vehicle violation) in this state, any other state, or any federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have any fines or penalties been levied against you by any state, municipality or federal agency? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you been involved in any material litigation during the five-year period preceding this application? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you now under investigation in this state, any other state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever held any license issued by the Department of Banking and Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Have you ever had a license or right to engage in any business which is the subject of this application or any other business or profession denied, revoked, suspended, otherwise restrained by any agency of this state, any other state, or by the federal government? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes \_\_\_\_\_ No \_\_\_\_\_. If the answer is “yes”, attach a separate schedule providing complete details including dates of bankruptcy or reorganization proceedings and copies of all petitions, discharges, etc.
15. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations? Yes \_\_\_\_\_ No \_\_\_\_\_. Are you in arrears on such obligations for a period of six months or more? Yes \_\_\_\_\_ No \_\_\_\_\_.

If the answer to questions 8 through 15 is yes, attach schedule giving details.

## **CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

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Print Name

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Signature

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Title

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Date

Subscribed and sworn to before me

On this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

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Title